

Case Number:	CM14-0050265		
Date Assigned:	08/27/2014	Date of Injury:	01/31/2003
Decision Date:	09/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old female who reported an industrial injury to the back on 1/31/2003, over 11 years ago, attributed to the performance of her job tasks. The patient complains of continued low back pain. The objective findings on examination included mild distress; anxious; depressed; tearful; lumbar spine with restricted range of motion; reported diminished range of motion to the hip, knee, ankles with extreme guarding due to pain; motor strength limited by pain; decreased sensation over lateral foot, medial foot bilaterally; dysesthesias over lateral thigh both sides. The diagnoses included post lumbar laminectomy syndrome; low back pain; fibromyalgia and myositis; spasms of muscles; mood disorder. The patient reported that she was unable to sleep unless she took Ambien in conjunction with Seroquel. The patient has been prescribed clonazepam; Seroquel; Dilaudid; soma; and Exalgo ER.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Seroquel 50mg 1-2 at bedtime prn #60 on 1/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness Chapter Quetiapine (Seroquel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain.

Decision rationale: The treating physician has prescribed Seroquel in conjunction with Ambien for sleep and depression with the underlying diagnosis of chronic low back pain status post lumbar spine laminectomy. There was no demonstrated failure of the CA MTUS recommended medications for sleep or depression. The patient is prescribed the polypharmacy; however, there is no demonstrated functional improvement. The requesting physician did not provide a rationale for the use of the prescribed Quetiapine (Seroquel) for the treatment of chronic pain and the continued treatment of depression. The generic formulation has been prescribed for the treatment of depression. The use of Quetiapine is generally directed to psychoses and bipolar disorders; however, it is also used in conjunction with SSRI antidepressants for increased efficacy. The medical records do not reflect an appropriate rationale to support the medical necessity of the Quetiapine to the treatment of the diagnosed severe depression in relation to the mechanism of injury reported on the DOI. The patient is noted to be using long-term sedatives as a sleep aid. It is not clear that the reported depression is not treatable with the antidepressants recommended by the CA MTUS and evidence-based guidelines for depression attributed to chronic pain. There is no demonstrated medical necessity for the continued prescription of Seroquel 50 mg 1-2 prn q hs #60. **GENERIC NAME:** quetiapine **BRAND NAME:** Seroquel **DRUG CLASS AND MECHANISM:** Quetiapine is an oral antipsychotic drug used for treating schizophrenia and bipolar disorder. Although the mechanism of action of quetiapine is unknown, like other antipsychotics, it inhibits communication between nerves of the brain. It does this by blocking receptors on the nerves for several neurotransmitters, the chemicals that nerves use to communicate with each other. It is thought that its beneficial effect is due to blocking of the dopamine type 2 (D2) and serotonin type 2 (5-HT2) receptors. **GENERIC AVAILABLE:** No **PREPARATIONS:** Tablets: 25, 50, 100, 200, 300, and 400 mg **PRESCRIBED FOR:** Quetiapine is used alone or in combination with other drugs to treat schizophrenia and bipolar disorder. **DOSING:** Quetiapine usually is taken two or three times daily. The dose usually is increased slowly over several days or weeks to achieve the desired effect. Quetiapine can be taken with or without food. The initial dose for bipolar disorder is 50 mg twice daily (100 mg/d). The dose can be increased by 100 mg/d to a daily dose of 400 mg/d. Most patients respond to 400-800 mg/d. Doses greater than 800 mg/d have not been studied. The initial dose for schizophrenia is 25 mg twice daily (50 mg/d). The dose can be increased by 25-50 mg two or three times daily. The target dose is 300-400 mg/d in two or three doses. Patients respond to 150-750 mg/d, and doses greater than 800 mg/d have not been evaluated. **DRUG INTERACTIONS:** Phenytoin (Dilantin) and thioridazine (Mellaril) markedly decrease the amount of quetiapine that is absorbed from the intestine and thereby reduces its effectiveness. Therefore, patients taking phenytoin or thioridazine may require higher doses of quetiapine. Quetiapine can cause hypotension (low blood pressure) and therefore increase the blood pressure lowering effects of antihypertensive drugs. Quetiapine can increase the sedating effects of other drugs that sedate. Such drugs include narcotic pain relievers [for example, oxycodone and acetaminophen (Percocet, Roxicet, Tylox, Endocet)], barbiturates, sedatives such as alprazolam (Xanax) and clonazepam (Klonopin), ethanol, and blood pressure drugs that can cause orthostatic hypotension, such as prazosin (Minipress) and terazosin (Hytrin). Quetiapine is eliminated from the body by an enzyme in the liver called cytochrome P450 3A. There is a concern that drugs that strongly interfere with the

enzyme, for example, ketoconazole (Nizoral), itraconazole (Sporanox), fluconazole (Diflucan), and erythromycin, clarithromycin (Biaxin), nefazodone (Serzone), verapamil (Calan, Isoptin, Verelan), or diltiazem (Cardizem, Tiazac, Dilacor) may cause elevated and toxic levels of quetiapine. **SIDE EFFECTS:** Frequent adverse effects include headache, agitation, dizziness, drowsiness, weight gain and stomach upset. Quetiapine can cause orthostatic hypotension (a drop in blood pressure upon standing that can lead to dizziness or fainting) especially during the first 3-5 day period of treatment, when it is restarted after temporary discontinuation, and after an increase in the dose. The risk of orthostatic hypotension is about 1 in 100 (one of every hundred patients who takes quetiapine). Quetiapine frequently causes tiredness (1 in 5 patients), especially during the first 3-5 days of treatment. Because of this tiredness, care should be exercised in any activity requiring mental alertness such as operating a motor vehicle or hazardous machinery. Less common side effects include seizures (1 in 125 patients) and hypothyroidism (1 in 250 patients).